Montgomery Cares Advisory Board

September 27, 2017 Meeting Notes

MCAB Members Present: Betsy Ballard, Julia Doherty, Stephen Gammarino, Travis Gayles, Sybil Greenhut, Lynda Honberg, Peter Lowet, Marie Mann, Mayur Mody, Agnes Saenz, Langston Smith, Wayne Swann

MCAB Members Absent: Wilbur Malloy, T.J. Senker

DHHS Staff: Tara Clemons, Paola Fernan-Zegarra, Mark Hodge, Doreen Kelly, LaSonya Kelly, Robert Morrow

Primary Care Coalition: Rose Botchway, Marisol Ortiz, Hillery Tsumba

Guests: Mitchell Berger, Sean Bailey, Sharron Holquin, Diana Saladini

Chair, Stephen Gammarino, began the Business Meeting at 3:22 pm.

Item		Action Follow-up	Person Assigned	Due Date
1.	**Approval of Minutes of May 24, June 28, July 26, 2017 meeting** **Stephen Gammarino** ***Moved by*** *Peter Lowet.* ***Seconded by*** *Langston Smith* *The motion was approved unanimously.*	None	None	None
2.	**Chair Report** **Stephen Gammarino** **See Handout** Steve provided an overview for the Business and Planning Meeting. He also discussed the Boards, Committees and Commissions (BCC) meeting with Director Ahluwalia held on Monday, September 25th. The meeting focused on the BCC's recent activities and preparing a list of priorities for the annual County Council – HHS Committee breakfast on Oct. 19th. Collectively, the BCC's have chosen to focus on issues related to protecting/maintaining the Safety-Net programs in the County as an overarching priority. The BCC's are defining the safety-net as all County programs providing services to vulnerable residents. Steve noted the Joint Advocates – HCLC, PCC and MCAB, will meet October 5th to discuss priorities for FY19. He will share the priorities MCAB decides on next Thursday. The MCAB standing and program committees are being maintained for FY18 and Steve referenced the committee handout. All members should participate in at least one committee. If members would like to change committees, please notify Tara. Tara mentioned that each member should have received an email with their current membership status. If anyone has any questions or concerns, please get in contact with her.	Prepare HHS BCC prevention priorities plan. Update committee membership	Chair and DHHS Staff MCAB members	10/9/17 10/25/17

3.	**Senior Administrator's Report** **Doreen Kelly** **See Report and Handout** Doreen reviewed the current data for programs under Health Care for the Uninsured. There is an emerging concern of regional closings of labor and delivery services at Prince George's and DC hospitals. The closings is impacting capacity for labor and delivery for County hospitals, particularly Holy Cross Hospital and Washington Adventist. ▪ Dr. Gayles shared that he attended a meeting regarding the closures. Providence Hospital (DC) has closed their labor and delivery unit and United Hospital (DC) was forced to close their delivery services for 90 days pending inspection. Medstar Washington Hospital Center is making drastic cuts to maternity services and no longer accepts two of the three Medicaid MCO's. Additionally, labor and delivery services at a Laurel hospital have been closed for at least a year. Councilmember Vince Gray and Health Committee Chairman (DC) held a hearing Sept 22nd to discuss the state of obstetric services in the District. There is a plan to revisit the capacity of programs in the area as the DC hospitals serve Prince Georges residents as well. ▪ Peter mentioned that this seems to be an access issue. Has Prince Georges (PG) had any discussion about financing women (similar to MPP)? Dr. Gayles responded that Providence had a program for uninsured women providing prenatal care but unsure if this would continue at other hospitals. PG is interested in helping solve this issue but this is via the hospital leadership not County government officials. Lynda questioned why did Providence close? Dr. Gayles shared that Providence is redeveloping itself and considering a different model of care. Doreen shared that the ACA open enrollment period will be shorter this year, Nov 1st – Dec. 15th. The health insurance plans offered with Maryland Health Connection have increased in price by an average of 40%. This is likely to have an adverse effect on people signing up for health insurance. DHHS staff will send out the flyers and fact sheets via email to all members. ▪ Peter mentioned that he is already hearing that people will be willing to take the tax hit instead of getting health insurance. ▪ Julia questioned what is the impact in Maryland with navigators and assistors since the Federal Government is reducing their support? Doreen shared that a step down of the navigators and assistors in Maryland was originally planned so we won't be seeing a drastic reduction. Mark introduced Dr. Travis Gayles, the new Chief Medical Officer for the County. ▪ Dr. Gayles shared his background as a pediatrician focused in adolescent medicine. He has been focused on increasing access to care across many spectrums such as gender, race and socio-economic status.	Send flyers and fact sheets on ACA	DHHS Staff	ASAP
5.	**Meeting Adjourned at 3:57pm** ***Motion to Adjourn:*** *Agnes Saenz* ***Seconded by*** *Wayne Swann* *Unanimously approved.*			

MCAB Planning Retreat

Chair, Stephen Gammarino, began the Planning Meeting at 3:57pm.

1. Planning Meeting Kickoff — **Stephen Gammarino**

Steve provided an overview of the meeting. Jeff Goldman, Director of Nexus Montgomery, will speak to the Board. Jonathan Blum, VP of Medical Affairs with CareFirst, was scheduled to speak but had an emergency. Mr. Blum will speak at a future MCAB meeting.

Steve noted that the Board should focus on scenario planning based on the brewing changes in ACA. In Maryland, there are concerns with MD Health Connection because all insurers except for CareFirst and Kaiser have dropped out. The state of Maryland is committed to the ACA but the Federal government changes have created challenges such as ending the subsidies. The ACA environment is fluid but its important MCAB stay abreast of the changing policies.

- Lynda shared that she disagreed with the optimism of Maryland's support for ACA. A few groups in the County are holding a town hall meeting with the intent to educate the public and state leadership on pressing policy issues including health care. The event will be held at Richard Montgomery High School, Lynda will send more information to members.

2. Director of Nexus Montgomery — **Jeff Goldman**
See Presentation

Nexus Montgomery is founded on incentivizing the hospitals to improve health outcomes and reducing avoidable hospitalizations. The population of focus is clients medically frail upon discharge (at risk of readmissions), Medicare Seniors and individuals with severe mental illness.

- 50% of readmissions were going to other hospitals without prior knowledge of utilization. Hospitals found that if they worked together they can reduce utilization. The programs serves 47 Montgomery and Prince George's Counties (10 zip codes are in PG).
- The program reports to the state on a regular basis. The grant can continue in to perpetuity if the outcomes are positive. The current partners are Cornerstone Montgomery (expand community resources for
- people with mental illness, reduce acute care hospital use by those with severe mental illness), the Coordinating Center (care coordination for Medicare seniors) and PCC is the partnership facilitator.

Nexus has four focus areas including Wellness and Independence for Seniors at Home (WISH), Hospital Care Transitions, Uninsured/Project Access and Severely Mental Ill/Behavioral Health.

In the severe mental health area, the program takes a 3-prong approach-

- Open a third residential crisis house in the County with 8 beds. This takes the total number of crisis beds in the County to 24 with an average length of stay of 10-14 days.
- the program funds an Assertive Community Treatment Team (ACT) which provides mobile treatment to residents. The ACT team can manage up to 100 people and currently has 55 clients. ACT is for residents with the most challenging and persistent mental health issues.

	▪ A behavioral health manager has been hired to coordinate services Discussion ▪ Marie questioned if Nexus utilizes ED or hospitalization data via zip codes (for the WISH program)? Jeff replied the program looks at inpatient and ED data via address, ages 65 plus and independent living. ▪ Sybil questioned does the WISH program go into the home health setting? Jeff responded there is coordination with home health if needed but the program is focused on keeping people out of the hospital. ▪ Marie questioned if Nexus connects clients with other resource they need? Jeff responded that the health coaches will assist with meals and wheels for example. Nexus has a learning collaborative in which the purpose is to learn from each other and leverage relationships in the community. ▪ Peter asked Jeff to elaborate on the Project Access portion of Nexus including funding and utilizing the current specialty care network to provide services. Jeff responded that the Hospital pays the specialist care with the goal of clients not being readmitted. Peter further questioned if the hospital has discussed expanding the specialty care network to take care of the additional clients now be managed through Project Access? Jeff noted that this was not within the scope of the original grant and it would need to be expanded to do so. ▪ Sybil questioned if the program works with shelters? Jeff replied they have been working with the shelters and LaSonya. They have also formed a relationship with the skilled nursing facilities based on the high discharge and readmission data the hospital reviewed. Nexus is trying to help educate SNF and help improve the level of service provided. ▪ Lynda questioned if there are other programs like Nexus? Jeff responded yes as but they don't necessarily look like Nexus especially in regards to the partnerships. ▪ Steve questioned where is the physician industry as it is related to Nexus? Is there a plan to do physician engagement? Jeff responded that Nexus is exploring greater physician engagement. They would like to improve on sharing hospital discharge information, help physicians use CRISP and work with them to encourage discussion on end of life care.			
3.	**Brainstorming Report-Outs and FY19 Advocacy Priority Setting** **Stephen Gammarino** <u>Overarching</u> ❖ Review eligibility systems across programs and address issues, recommend process improvements ❖ Work with stakeholders and other Boards, Commissions and Committees to encourage sustaining the safety-net programs (health, child care, housing, aging community, etc.) with County Council <u>Care for Kids</u> **1) Add or support sustainability of the CFK Behavioral Health pilot and funding** **a) This will need data from the current pilot to support** **2) Examine and add funds needed for Specialty Care** a) Based on the increasing number of children in the program, a number of patients have complicated medical issues which require connection to specialist. **3) Policy Change – explore changing the program's eligibility to two years**			

4) Determine quality metrics for the program
   a) Metrics such as well-visits, age appropriate vaccinations, screenings for BH etc..
5) Create a registry of CFK patients to identify the population we are serving. Determine the appropriate parameters need to be able to plan for future needs.

Maternity Partnership

1) **Policy Change – change program requirements, move from 185% to 250% FPL**
   a) Treat the Health Care for the Uninsured programs equally by having the same FPL cut off for the programs. Currently families may be in MCares, have children enrolled in CFK but if their income is between 185% - 250% FPL they cannot receive prenatal services through MPP
   b) Potential budget implications: based on discussion with OESS, this would translate to 15 additional clients (at most) a month or 180 women. Enrollment in MPP has been varying (FY16 – 1,904/ FY17 – 1,749) over the years, it may or may not impact the budget.
2) Address program data needs
   a) Request Hospital data: uninsured women delivering at the hospital without prenatal care. These are women who are potentially eligible for MPP
3) Primary Care - Health Promotion
   a) Ensure that women are connected to primary care after delivery

County Dental Services

1) **Enhance Program Infrastructure - Hire Mid-Level Program Management, 2 FTE's**
   a) The Dental Program needs to improve its infrastructure.
   Over the last 10 years the program has significantly expanded oral health services, populations served, accessibility, number of locations, and the number of patients served. There has been a 96% increase in clients from FY12-17 (from 3,732 clients – 7,852 visits to 6,340 clients (13,140 visits). Currently, the program has five sites (19 dental operatories) and almost 40 staff members/ contractors. Based on the growth and program challenges, more management support staff is necessary to maintain a quality and coordinated dental program. Currently the dental program has just 2 administrative- management positions: - A Program Administrator, who has oversight of various oral health programs and activities, supervises allied health professionals, and responsible for all other aspects of the program, and an Administrative Specialist who manages fiscal, budget and clerical staff. All other staff and contractors are mainly providing direct services.
   There is a high demand for dental services, and there is a 12 week wait to see a dentist, 9-10 weeks for a dental hygienist. The goal of the program is to reduce to 5-6 weeks waiting time.
   Two mid-level program management positions are recommended. These positions will provide oversight at a management level for the day-to day operations for 4 dental clinics (Germantown, Silver, Spring, Metro Court and Colesville), and manage the referrals to specialists. Currently these 4 clinics are run by two staff members (a front desk staff and a dental assistant) that support the dental contractors in the delivery of services.
   b) In order to increase and insure quality of dental services additional management is needed for program development & implementation, contract management, maintain budget targets, executing administrative

	polices for employees, etc. c) The dental program has been successful in addressing needs for clinical staff (A clinic director has been approved for FY18 and the incumbent will provide clinical direction, including supervision of dental students, direct care and clinical oversight, quality assurance, peer review) but administrative and infrastructure needs to be addressed with the unprecedented growth in services. This will reduce the amount of clinician time spent on administrative duties and provide more direct care. 2) **Addressing Clinical Needs- Increase Payment Rate for Providers** a) In order to address clinical needs, the new Dental Director will recruit/expand the volunteer dental network and increase coordination among providers **b) Current dental contractor rates are very low (Dentist- $67/ hr. and Dental Hygienist $45/hr). This creates barriers in recruiting new Dentists, and the contracts are excluded from the County COLA's** 3) Other priorities: How to look globally at the dental safety-net in the County <u>Health Care for the Homeless</u> **1) Home Health Aides** a) Needed for the aging population, possibility to begin as a pilot program. Could do a case study with a few clients 2) Housing First – Permanent Supportive Housing for clients with chronic disease 3) Eligibility for community and home based services 4) Wrap around services, LPN 5) Community Health Worker focus on shelters, hospital discharged patients (to shelters and housing) <u>Montgomery Cares</u> 1) **Encounter increase and increase rate based on the additional services under 2.0** a) Increase the number of funded encounters by at least 2,000 encounters (68,000 to 70,000) b) Suggest increase in encounter rate to cover new 2.0 services. 2) Montgomery Cares 2.0 a) **Immunizations - support funding to cover 6 vaccines** b) Establish scale for max co-pay up to 2.0. Example of scale - $35 for 100 FPL, $40 for 150% FPL, $45 for 200% FPL, c) After Hours – currently conducting research on types of after-hours coverage and associated costs. ***Items in bold are advocacy priorities**			
4.	**Next Steps** **Stephen Gammarino** At the October meeting, the program committees will further refine advocacy priorities. The DHHS Director, Uma Ahluwalia will tentatively speak at the meeting.			

5.	**The Retreat ended at 8:00 p.m.**			

Respectfully submitted,

Tara Clemons
Montgomery Cares Advisory Board